New Hampshire Continua of Care
HUD CoC APR TH/PH/ES Entry Supplement for HMIS

Refer to the *2014 HUD HMIS Data Standards Version 5.1* on the NH-HMIS website at: www.nh-hmis.org for an explanation of the data elements in this form.

☐ Single Client ☐ Household/ family (complete this form for each family member)

Record Identifiers	
ServicePoint Client ID#:	
Head of Household Name:	
Date:	
Case Manager Name:	
Program Entry Date:	

Household Status	
✓ *Collection is required for each person entering program.*	
Is this person the head of a household? ℹ *Households can have only one HoH.*	☐ Yes ☐ No

If *Yes* to "Head of Household," please list other members of the household and their relationship to the HoH, below:

CHOOSE from this list:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

First Name	Last Name	Relationship to Head of Household*

ℹ **IMPORTANT: Please complete the Universal Data Elements Entry Form, appropriate Living Situation form, and HUD COC APR ENTRY Supplement for <u>each</u> person listed above.**

This form can be found on the NH-HMIS website at: www.nh-hmis.org.